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A PRACTICAL ESSAY ON ANEURISM.

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THE following is intended to be a concise, yet comprehensive, practical treatise upon aneurism. With the view of making it so, we have given merely enough of the history of surgery bearing upon the subject to show the steps by which we have arrived at our present views of the proper treatment of the disease. Beyond what we have incidentally thus given, we have omitted all theory, and have made no reference to authors except in instances bearing directly upon the matter in hand. Neither have we given many detailed cases. Few subjects in surgery have been written upon so largely as aneurism; and had we not imposed such a rule, and adhered to it rigidly, our essay would have grown to an inordinate size. We have, however, carefully, and we believe thoroughly, searched the later works, and particularly the journals of the last ten years, and have drawn from them whatever could throw light on the merits of the various remedies now in use—ligature, compression, manipulation, &c. The claims of these we have carefully analyzed, and have striven to portion off to each impartially its peculiar excellences, and to assign to each the particular class of cases in which it promises to prove more specially efficacious. The labor of doing this has not been slight, though for much of it there is but little to show. We hope, however, as our reward, that we have succeeded in our intent—to furnish practical men, for practical purposes, the practical results of what has been achieved in this branch of surgery—but which has been so scattered through voluminous works and through years of numerous periodical publications, as to be unattainable except by a few.

PRELIMINARIES.

Various attempts have been made to explain the derivation of the term aneurism. It would scarcely be profitable to enter into a discussion of the several explanations offered, and only interest-

ing to do so, as hinting to us the theories of old writers on the nature of the affection. Montanus offers a solution in *a*—privative; *neuron*, a nerve. But we cannot see the applicability of this, unless in the supposition that the disease was caused by a want of nervous power in the artery. Others give it as—*aneurisma*, an enlargement; from *euruno*, I dilate. This is urged by Sylvaticus. To us, as ready an origin is offered in the word *aneu*, without; *rusmos*, a series, course or succession (from *ruo*, I flow). This does not seem an inapt derivation when we consider some of the notions of the ancients concerning the nature of the disease.

But, as we have already said, this is rather curious than practical.

Researches into the early literature of our profession are equally unprofitable, when we look for practical results. The disease was recognized, it is true, and described by some writers, with much accuracy as to its external and obvious characteristics, but as the circulation of the blood was as yet unknown, and morbid anatomy unthought of, the intimate nature of the affection was not understood.

To give a specimen of the notions of some of the early writers on the subject:—

Galen considered aneurism "a dilatation or relaxation of a venous vessel, with a dispersion of the spirituous matter under the flesh, where it distributes itself by jerks."

Aetius, in the 6th century, describes it as "a dilatation of vessels most frequently met with in the throat, commonly happening to women in labor, on account of the forcible detention of the spirits. The blood and spirits being poured forth, collect under the skin."

A thousand years later, it is described by Fernelius as "the dilatation of an artery full of spirituous blood;" and Parè has scarce advanced from Galen when he says "an aneurism is a soft, compressible tumor, occasioned by the blood and spirits being effused under the flesh, in consequence of the dilatation or relaxation of an artery."

Even as late as Lancisi, in 1728, there was but little additional enlightenment as to the real and intimate nature of the affection. Gross errors of diagnosis, of course, were made, and diseases of a very different nature were described as aneurisms. And yet we are surprised to find certain distinctions made and incidental peculiarities noted. Thus, Galen makes the distinction between ordinary aneurismal tumors, and varicose aneurism and aneurism by anastomosis, as he terms it. Parè also describes the distinctive differences between various kinds of aneurism, and shows the sources of error in diagnosticating the affection—how that some aneurismal tumors do not pulsate, whilst other tumors not of that nature pulsate from being superimposed upon an artery. Certain other points, such as the condition of the various coats of the artery during the disease, were observed and commented upon,

and we must express our astonishment that whilst so many truths of the nature of the affection were clearly recognized, so many apparently obvious facts were not noticed—and still more, that in the observations and experiments then made, and in the operations then performed, and with great success, more light was not thrown upon the nature of the circulation, and the physiology of this function clearly laid open.

DEFINITIONS.

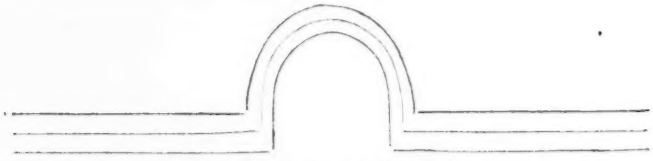
It is important that, in the outset, we should clearly define what limit we set to the term aneurism, because we find it applied to a variety of affections which can scarcely be comprised under one generic head. It is also much modified in its use by several explanatory or restricting terms—as true, false, external, internal, &c. We must, therefore, occupy a little space in definitely apportioning all, and distinctly fixing these in their proper place, so that the particular subject of our remarks may be clearly apprehended. And first, to eliminate from our essay that which does not belong to it, we cite an improper use of the word aneurism. For more than a century since, until late days, the term *aneurism of the heart* was in frequent use, with the additional distinction into *passive and active aneurism of the heart*. These terms are now entirely excluded. The former—*passive aneurism of the heart*—as it was called from Baglivius to Corvisart, was applied to a general dilatation of the organ, with thinning of the walls. The other—*active aneurism of the heart*—was used when the whole substance of that organ was increased, an affection now better known by Bertin's term—"*concentric hypertrophy*." These affections, of course, do not belong to our subject in the slightest, and we therefore dismiss them here entirely.

The simplest and best defined affection to which the term aneurism is given, is a dilatation of the arterial tube, forming a tumor, generally to one side of, and without, the line of it. Sometimes, the same condition of the arterial tunics which gives rise to aneurism, implicates the whole circumference of the vessel. We then have a dilatation of the whole tube, instead of an expansion to one side only. To this last-mentioned affection, Mr. Guthrie has with great propriety given the distinctive appellation of *preternatural dilatation*, instead of aneurism.

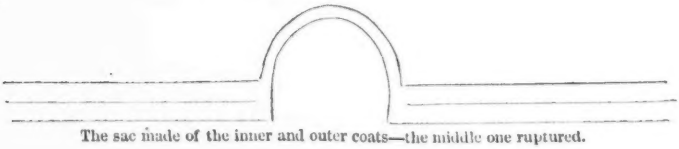
The condition of the tunics of the artery may vary in different aneurisms, and this fact has given rise to distinctive terms in describing these affections. Thus, there may be no lesion of continuity in any of the coats, but they may be simply distended—stretched and attenuated by the stretching on one side of the tube; or one or two of the coats may give way. The existence of the first condition, perfect integrity in continuity of all the tunics, has been denied by Scarpa and others, who maintain that all spontaneous aneurisms are caused by a rupture of one or more of the coats of

the artery; but careful dissections have shown, beyond controversy, the existence of decided aneurisms with no lesion in the substance of any of the tunics. It is true, however, that in advanced cases, when the tumor has acquired much size, the fibrous coat is ruptured, and often, with it, the internal or serous one.

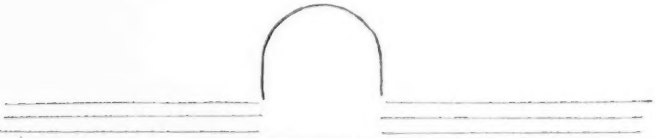
The following diagrams are given by Wardrop, to illustrate the different conditions of the arterial tunics in aneurisms.



The three coats equally distended.



The sac made of the inner and outer coats—the middle one ruptured.



The last stage of the true aneurism. The outer coat alone remains. After this the aneurism becomes a false consecutive one.

The aneurism composed of the inner coat alone.

To this kind of aneurism, commencing, so to speak, spontaneously, and still retaining as an envelope one or more coats of the artery, the term *true* is applied, in contradistinction to that in which there is a lesion of continuity in all the coats of the vessel, the walls of the tumor then being formed by the surrounding cellular tissue alone. This latter kind of aneurism is generally caused by direct mechanical violence, though what was originally a true aneurism may in an advanced stage, by over tension and rupture of all the tunics, be converted into a false one.

These two terms—true and false—embrace all cases of aneurism proper.

Many other terms have been used by writers on pathology and surgery, in speaking of aneurism, but we do not think that they tend to make the subject clearer. Thus, a true aneurism, converted by the yielding of all the coats of the artery into a false aneurism, has been termed a *false consecutive aneurism*. The term *exter-*

nal mixed aneurism has been applied when the internal and middle coats have given way, leaving only the external. An *internal mixed aneurism* is where the two outer coats have given way, but the integrity of the inner one has been preserved. This latter condition has also been termed hernia of the artery.

Then, according to their shape, aneurisms have been styled *diffuse, fusiform, cirsoid, cylindroid, sacciform*, &c., and the French have even subdivided these varieties. But, as we have said, we do not see that this illustrates the subject in the slightest degree, or leads to a classification which assists us at all.

Another form of disease of the artery to which the term aneurism has been applied, is presented in what is termed *varicose aneurism*, in which the artery discharges into a vein—the coats of the latter forming the walls of the tumor.

Before leaving this portion of our essay, we must allude to the term *aneurism by anastomosis*. This is applied to a congenital erectile tumor, composed of a congeries of capillaries. It is not pathologically associated in any way with aneurism, and bears another name—*nævus maternus*—which, though bad in itself, is better than the other. Of course this affection will receive no further notice in this treatise.

CAUSES OF ANEURISM.

The proximate cause of true aneurism we must of course look for in a morbid condition of the tunics of the vessels; but although pathological anatomy has not neglected this subject, we are as yet furnished with little that we can rely on as to the precise nature of the intimate changes these structures undergo, leading to formation of aneurism. Nor can we consider this strange, for the diseased condition of the parts is seldom displayed to us except at an advanced stage, when many modifying influences may have been exerted to alter its primary character.

The affection of the artery, which, according to Rokitansky, plays the most important part in producing aneurism, is the excessive deposition of the lining membrane of vessels. Unfortunately, the views of this distinguished pathologist, as regards the sequence of the changes the parts undergo, are not expressed with the clearness we could wish. He considers it "the most frequent form of disease affecting the artery, and on that account of the greatest importance. It consists in an excessive formation and deposition of the lining membrane of the artery derived from the mass of blood, and at the same time constitutes hypertrophy of the membrane." * * * "In a highly developed form of this affection, we find the inner surface of a large artery covered with a foreign substance spread over it at separate points, or in large patches, and forming a structure varying in thickness, by which the inner surface is commonly rendered uneven." * * * "The thickness of this deposition varies from a quarter of a line to

two lines and upwards." The circular fibrous coat is found, when compared with the other arterial coats, to be soft, brittle, cleft, and of a faded dirty-brownish color.

The cellular sheath exhibits considerable vascularity and puffiness, or is in a state of sclerosis. Thus, though the disease may have commenced in the inner coat, the others partake with it in the degenerescence. Their cohesion is lessened, particularly in the outer one, and all are prepared to yield readily to an impulse from within. This is the most common condition of the artery antecedent to the formation of an aneurism.

Mr. Guthrie, in his admirable work on Diseases and Injuries of Arteries, has given much the same account of the condition of the tunics of the vessels, but has placed the phenomena in a slightly different order—making the loss of elasticity first, the result, probably, of some unappreciated molecular change, and then the deposits of depraved matter upon the inner coat. He, as well as Hodgson, Begin, and some others, consider this condition an inflammation, in which they differ from Rokitansky. But it is evident we must as yet be content to consider this last point, as well as the relation of one condition or phenomenon, as regards succession, to the other, undetermined.

Among the predisposing causes of aneurism have been cited certain habits and conditions of the system, natural or acquired—old age, syphilis, mercurial salivation, intemperance, &c., but these cannot of themselves be deemed causes with strict propriety. They may, it is true, lead, among many other tendencies, to the morbid condition of the artery just described; but this we consider too indefinite and uncertain to enable us to place them in a sequence of causation. Nor do surgical statistics as yet furnish us with any facts as to the frequency of aneurism with one of the above as a precursor; still less can we make any comparison of the relative frequency of one with another as a precursor of aneurism. Marjolin also cites hypertrophy of the heart as a cause, subjecting the arteries to an impulse which they cannot endure, and some have cited an habitual over-distension of the arteries, with a congenital thinness of their coats, as a not unfrequent cause—giving to this state of things in the patient the name of *aneurismal diathesis.*

Immediate Causes.—Experiments made by the most skilful experimental physiologists, and often repeated, have shown that the arteries possess great powers of endurance, and that Nature is fertile in her means of repairing or compensating for any damage done to them. We cannot, therefore, believe that aneurism ever occurs in the ordinary demands upon an artery whilst it is in a normal state.

Pathologists, we believe, now universally concede this. When it is diseased, however, many acts, otherwise innocuous, operating either directly or indirectly upon the vessel, give rise to aneurism.

Thus, aneurisms of the aorta have been distinctly dated from some violent exertion—a fit of coughing or of sneezing, or prolonged muscular effort, quickening the action of the heart and increasing the force of the impulse of the blood. But invariably in these cases, besides the aneurismal affection, the artery in the neighborhood is found diseased—most generally permeated with atheromatous deposits. The sudden extension of the leg has started a popliteal aneurism, and blows have developed the affection in arteries so protected that the shock must have been much broken, but in neither of these cases can we suppose that the artery was in a normal condition.

SYMPTOMS.

We have no symptoms recorded which can be considered premonitory of aneurism. The patient, in describing his case, will tell you that upon a certain occasion, often that of some violent exertion, he felt a sort of snap in the part, accompanied by a smart twinge of pain for a moment, and followed by a persistent uneasy sensation. This symptom seems not to differ, whether the aneurism be external or internal—that is, within one of the great cavities. When these sensations have proceeded from aneurism of the thoracic aorta, they are frequently attended by nausea and vertigo, probably from some disturbance of the par vagum. In a large number of cases we have no such notice of the commencement of the affection, but if it be external it is only discovered by the accidental detection of the tumor itself over the tract of some artery. There is nothing distinctive in the shape of this; it may be round or oblong, and with scarce any exception, in this early stage, is even in surface—not nodulated, as it may be, and often is, at a later period.

When within the thorax, its existence is made known by the disturbance of important functions caused by its mechanical encroachments upon the neighboring organs—more particularly upon the nerves supplying vital parts, or upon the lungs, embarrassing these in their functions to a greater or less extent. The general circulation, of course, in time becomes implicated in the trouble near its source, and in the later stage of the disease helps to tell the story of its advances.

Attention then having been called to the tumor in the one instance, or to the train of disordered functions, more or less numerous, in the other, we must next look for characteristic and distinctive signs that we have an aneurism to contend with. There are several such, though some of them may be deficient in particular cases, and others may be simulated under certain circumstances by affections of a very different nature.

Pulsation is the most obvious and constant one. The tumor, upon pressure, is found to receive an impulse synchronous with the contraction of the heart. Were this impulse always prompt, de-

cided and well defined, as to the limits over which it is felt, it would seldom mislead us. But it is much affected, as to these qualities, by several modifying circumstances—the depth of the tumor, the nature of the tissue beneath it and of that between it and the surface, its distance from the centre of circulation, the thickness of its walls, &c.; so that sometimes we have the impulse very feeble, at other times so diffused as to render us doubtful as to what we must refer it, and other parts may partake in it so as to still further lessen its direct import.

This symptom, too, may be simulated by tumors of a different nature lying directly over the course of an artery, and many errors of diagnosis have thus been made by very skilful surgeons; soft elastic tumors, steatoms and fatty tumors cause such errors mostly. We once had a case of abdominal tumor, which it was difficult to believe was not aneurismal. It received an impulse so direct from the aorta, over the tract of which it was situated, as to give it every appearance and feel of coming directly from it just below the mesenteric artery. Other corroborating symptoms were lacking, and the subsequent history cleared the diagnosis completely.

Pulsation in some cases may be absent. The aneurism may be so bound down and so completely cushioned by the soft parts above it, as not to communicate to pressure from the outside a sufficient impulse to be indicative. These cases, as may be supposed from the combination of circumstances necessary to produce them, are necessarily rare. In old cases, however, where the clots lining the sac become very thick, dense and unyielding, the pulsations are so deadened as to be no longer a distinguishing and striking characteristic, but of course we would have enough else to mark the case, and, except under very peculiar circumstances, the diagnosis would have been made long before the disease has arrived at this stage.

Pressure early in the disease at least diminishes or even entirely empties the sac, which yields with the sensation of fluid within. On removing the pressure, it again fills, and generally with a thrill, as if the fluid were squirted by jets into it with more or less violence. Placing the ear in contact with it at this moment, a whizzing noise can be heard. Pressure upon the artery above the tumor renders it soft and flaccid, whilst pressure below it makes it tense, and even hard. In later stages of the disease, when the contents of the sac are more solid, this symptom fails, and if at the same time the walls have been thinned, it would be very improper to attempt to elicit it.

Another symptom is furnished by auscultation, which, when the tumor has acquired any notable size, enables us to detect a whirring or whizzing sound at each impulse of the heart, caused by the blood leaving its regular course within the cylinder of the artery and entering the cavity of the aneurism.

Dr. J. H. S. Beau published a series of papers in the *Archives Générales de Médecine* for 1838, and continued or rather enlarged upon them in that Journal for 1845 and 1846, on the subject of arterial murmurs. He goes into the matter of aneurismal sounds at length. We do not wish to embarrass our essay by any foreign matter, nor could we, indeed, quote to any advantage from Dr. Beau; but we cannot but allude to his essay as a very interesting one, and very thorough upon this particular point. We may say, in brief, that he considers the aneurismal murmur to be caused by the blood rushing into a cavity already filled with the fluid. This sign can scarcely mislead us, except when the aneurism is deep in one of the great cavities. There it may be masked by other sounds, such as those of the heart, particularly when it is diseased, and its regular rythmical murmurs have sounds produced by roughened or insufficient valves interpolated, so to speak, between them. The placental murmur resembles, in some cases, very strongly the aneurism sound, but the aids to discrimination between these are self-evident.

With the exception above given, the symptoms of aneurism are *generally* reliable, and if we get two or more to confirm each other, our diagnosis may be confidently relied upon, more particularly if the previous history of the case can be furnished with definiteness and accuracy. Errors of diagnosis, however, have occurred in this matter, even with the most skilful and experienced of our profession, and this fact we think ought to be acknowledged frankly and stated plainly as a guard to over-confidence, though by most writers the symptoms of aneurism are described as being clear, and, with proper care, unmistakable. This is not strictly so; as we have just said, the symptoms are *generally* reliable, but the exceptions, no matter how rare, ought always to be held before our view, as warning against too implicit reliance upon what may seem plain and self-evident. As an illustration of the necessity of our caution, our note-book furnishes us with a case related by M. Merat at the Medical Society of Paris, in 1830,* where a man was suddenly affected, after a violent exertion, with a pulsating tumor in the neck, directly over the course of the carotid artery. Dubois examined it, and confirmed M. Merat's opinion that it was aneurism. Appropriate palliative treatment was followed, the health of the patient precluding a resort to operation. Death from internal disease followed shortly, and, on dissection, the tumor was found to be an enlargement of the cervical glands.

Howship (in his Practical Remarks on the discrimination and appearances of Surgical Disease, London, 1840) gives a case of scirrhus of the pylorus, which was taken for aneurism of the abdominal aorta. The tumor was of the size of a small orange, and seemed to expand after pressure, to pulsate and give the general

* Given in the "Trans. Medicales" for that year.

feel of an aneurism. The pulsation, in particular, was powerful. Another very similar case is related in connection with it. In the first, several medical men agreed it was an aneurism.

As an illustration on the other side, that is, where aneurism existed but the requisite pathognomonic signs were wanting,* two cases are given in the *Medical Times and Gazette* of January, 1860, where the disease affected the abdominal aorta. In neither case could the arterial whizzing be heard. Pain, strongly simulating that of lumbago, was felt in the lumbar region, and, on examination, the urine was found to be albuminous.

The aneurismal tumors were of considerable size—certainly large enough to yield more decided symptoms indicative of their nature, yet the true character of the disease was not disclosed until after death.

[To be continued.]

Selections from Medical Journals.

Prolapse of the Funis.—Dr. T. Gaillard Thomas, in a lecture on the prolapse of the funis, published in the *American Medical Monthly* for September, gives the following results of the postural treatment of this accident.

OBSTETRICIAN.	No. of Cases.	Failed.	Succeeded.	WHERE REPORTED.
Dr. Livingston, N. Y.	2	1	1	To the Author.
" G. T. Elliot, "	3	2	1	" "
" Garrish, "	1	1	—	Harveyan Circle.
" Vanderpoel, "	1	1	—	To the Author.
" P. Van Buren, "	1	1	—	Academy of Medicine.
" Underhill, "	1	1	—	Obstetric Section, Academy of Medicine.
	1	1	—	To the Author, by Dr. Bronson.
" Meminger, S. C.	1	—	1	" "
" J. R. Wood, N. Y.	1	—	1	Harveyan Circle.
" O. White, S. C.	1	—	1	Charleston Medical Journal.
" W. C. Rogers, Green Island, N. Y.	1	—	1	To the Author.
" Worster, N. Y.	1	—	1	" "
" Schmitt, "	1	—	1	" "
" Norton,	1	—	1	N. Y. Medical Press.
" Ferguson, N. Y.	2	—	2	To the Author.
" Ramsbotham, London	2	—	2	Reported to the Author, by Wm. Hall, Wilmington, N. C.
" Thomas, N. Y.	4	—	4	
" Brander,	3	—	3	Cincinnati Lancet.
" Hawthorne, N. O.	1	—	1	To the Author.
" Furman, N. Y.	4	1	3	" "
" McLeod, "	3	1	2	" "
" Noeggerath, N. Y.	1	—	1	Contributions to Midwifery.
" Martin	2	—	2	American Medical Times.
" Woodhull, N. Y.	1	—	1	To the Author.
" Elsberg, "	1	—	1	" "
" Bibbins, "	1	—	1	" "
" W. T. Brown,	1	—	1	Cincinnati Observer.
" Mendenhall, Ohio	3	—	3	Cincinnati Lancet.
" A. K. Gardner, N. Y.	1	—	1	
Total	47	10	37	

* Dr. Barker, of St. Thomas, in the *Med.-Chirurg. Trans.*, Vol. 28th, gives two cases of aneurism, in which there was neither pulsation nor abnormal sound. One was a large aneurism of the arch of the aorta, not discovered till after death; the other, one of the renal artery, discovered the day before.

"During the last two years, I have not, I regret to say, industriously collected cases treated in this manner. Such as have been reported to me, I here exhibit to you by a table; guarding you, however, against the belief that a full *résumé* of the results of the method are therein embodied. It will, at least, serve to show you that in many cases the method has been successful, and I own to the intensest gratification in thus recording the number of lives which have been saved by it.

"In justice to the method which I am now describing to you (and which I have called the 'postural treatment'), I must say that several of the cases of failure were due to the improper manner in which it was followed out, or to some such complication as malpresentation, deformed pelvis, or placenta prævia. This, however, by no means applies to all.

Lead in the Treatment of Phthisis.—Remedies for phthisis, if recommended with the least show of authority, are always eagerly sought for. The number of cases of recovery from tubercular disorganization of the lungs is sufficient to keep alive in the minds of the professional as well as unprofessional public, the hope that some cure may at last be found for it. By the London *Lancet* for August 17th, we see that M. Beau places some confidence, at the present time, in the use of lead in the treatment of this disease. Its Paris correspondent writes, in speaking of the last clinical lecture of M. Beau—

"Phthisis," he said, "has been cured by all sorts of methods and in all sorts of ways; the fact being that, as this malady depends upon the reciprocal action of a diathesis and of globular anæmia, the remedy which is able to oppose the progress of the latter condition may not only prevent the disease from making further inroads on the system, but also contribute to the healing of such lesions as already exist. My intention is not certainly to enumerate all the means for treating consumption which have in turn been extolled and employed against this malady; you will find them detailed at length in the treatise of Baumés, of Montpellier, published in 1805. I shall limit myself to a few." After mentioning sea voyages, horse exercise, southern climates, emetics, chloride of sodium, asses' milk, Iceland moss, conserve of roses, quinine, fir-sprouts, watercress, sulphur, sulphureous waters, cod-liver oil, iodine, turtle-soup, snail-broth, oysters, strawberries in great quantities, hydrotherapy, the hypophosphites, and steel, the lecturer at last arrived at his favorite remedy—lead. "The employment of lead," he said, "in the treatment of tubercular consumption is not new. The idea is a borrowed one. What is new, is the manner in which I administer it, and in which I have understood its action. I must first tell you how I was in the onset induced to employ it. Starting from the theory, which I hold in common with many other observers, that the development of tubercle is favored by the anæmic state, I had been struck by the fact that the workmen employed in establishments where lead is much handled, although anæmic and cachectic to the last degree, very rarely present symptoms of tubercular deposit in the lungs. During a period of six or seven years at the Hôpital Cochin, amongst the many patients whom I treated for lead poisoning, I never saw a single case of phthisis. Once only, in the lungs of a house-painter, I met with tubercle; but I subsequently ascertained that this man had never had any of the signs of the saturnine affection. I went a step further, and inquired into the diseases usually met with in the trades habitually working with lead, and found that cough among operatives of this class was of rare occurrence. I began then to think within myself that if lead could prevent, it might also very possibly cure, phthisis, and was much tempted to make the experiment, but waited for further evidence, and was presently emboldened by an accidental occurrence. Shortly after my entry into the service of the Charité, a man, affected with lead colic, fell under my observation. On examining his chest I found evident symptoms of tubercular deposit; and, on inquiry, ascertained that the patient had been consumptive for years. Find-

ing himself without work, this man had taken a job at the lead works at Clichy, and there had caught his colic. He assured me that since his seizure both cough and expectoration had diminished; in fact, so much so as to have made him think it useless to direct my attention to the state of his lungs. He left the hospital some time afterwards, cured of his colic, and with considerable improvement of the pulmonary symptoms. In the case of a second patient, who shortly afterwards entered my wards, I was informed that the signs of consumption, held in abeyance during repeated attacks of lead colic, had reappeared each time that the latter malady had been removed. I endeavored, on the verification of this fact in my hospital service, to reproduce the saturnine saturation when the phthisis seemed inclined to gain ground, and succeeded beyond my expectations in arresting its progress on several occasions. Such were the incidents which led me to the adoption of my present method of treatment, and *the results I have obtained are not of a nature to justify me in laying the method aside.* The following is the manner in which I employ this drug:—I begin by administering an emetic, in order to arouse the stomach from the state of torpor which it is so common to meet with, either as cause or effect, in tubercular phthisis. After the lapse of a week or thereabouts, I commence the lead (I prefer the carbonate, as being better borne by the stomach than the acetate), in pills of two grains each. The dose is taken at first once a day, then twice, and so on, until six pills, or twelve grains of the lead, are swallowed within the course of the twenty-four hours; the best time for administration being before each repast, as the drug is at that moment less likely to cause vomiting. This treatment must be continued until a sufficient saturnine impregnation has taken place, a generous diet being allowed the patient at the same time."

M. Beau has added an appendix to his two former lectures during the course of the week, which, as it completes his previous observations on the *lead* treatment of phthisis, I think I may interest your readers by recording. "With regard to the first effects," he says, "noticeable on the employment of lead in dealing with consumption, the most favorable is the amelioration of the cough and expectoration. Sometimes at the end of two, at others at the end of eight or ten days (the difference of time depending on individual peculiarity), the cough, from being incessant, becomes less frequent, and allows the sufferer some respite, enabling him to sleep. The expectoration, from being abundant and purulent in nature, diminishes and becomes less copious, and of a mucous character. This is not all; you will remember one particular character of the tubercular sputum, long ago recognized by Fouquier—namely, that in passing from the larynx to the mouth, it almost invariably, by virtue of a specially irritating property it possesses, irritates the pharynx, and produces an effort of vomiting. Another mark of the progress and success of the saturnine treatment, is precisely the cessation of this retching during expectoration. At a variable period, also, and consequent upon the amelioration in the cough and sputa, the physical signs furnished by auscultation likewise bear testimony to diminished activity in the pulmonary suppuration. The subclavicular pains diminish, and can hardly be recalled by pressure with the finger, and the nocturnal hectic fever very generally disappears entirely. I say the *nocturnal* fever advisedly; for you know the grave prognostic which attaches to the continued form of fever when occurring in this disease. With regard to the *physiological* effects of lead on the system, the first remarked is, for the most part, loss of appetite. There are, however, certain cases in which the administration of this drug seems rather to excite than to repress the digestive functions and desire for food, and such are certainly the most favorable; for here, in addition to the advantages afforded by the special action of the medicine, we have the concurrence of an active nutrition. Moreover, it is to be noted, that those patients in whom the functions of the stomach remain undisturbed, enjoy perfect immunity from the poisonous effects of the remedy. Such cases are, however, too rare to be counted on. In addition to the loss of appetite, gastralgia very generally supervenes, and occasionally, but rarely, vomiting, dry cough, and dyspnœa, the latter symptoms being exclusively of a gastric origin, and unconnected with increase of morbid action in the lung. The colic produced by the administration of lead for a therapeutical purpose, differs from that witnessed in workmen who have incurred saturnine intoxication in the exercise of their trade, in one important particular—namely, that whilst in

the first diarrhœa is very generally induced, in the second case obstinate constipation for the most part exists. The blue line on the gums is another effect of the lead treatment, and appears from the tenth to the fifteenth day. Some patients there are, however, who, though presenting the other indications of saturnine saturation, are without this particular sign of constitutional affection. I believe that the blue line is only seen when there is some superficial erosion or ulceration of the margins of the gum. The predominating symptom of the therapeutical intoxication, and that which is the most constant of all, is pain occurring in certain portions of the body. This pain, which appears at variable periods during the treatment, as early sometimes as the second, and rarely later than the tenth day, is occasionally present in the trunk, but mostly in the arms and legs. It is either of a shooting, darting description, or may resemble the pressure of a heavy weight, or the constriction of a metallic ring round the limbs. The physician at the same time must be careful to distinguish between the pains symptomatic of phthisis and those induced by the treatment." M. Beau likewise informs us that he never witnessed either epilepsy or those other brain symptoms occasionally met with amongst lead-workers, and ends by saying that he believes the cases of phthisis are very rare in which a saturnine treatment will not be found useful in either arresting or retarding the progress of the disease.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE MIDDLESEX EAST (MASS.) DISTRICT MEDICAL SOCIETY. BY E. CUTTER, M.D., SECRETARY.

LEXINGTON, SEPT. 18th, 1861.—The Society met at the house of Howland Holmes, M.D., at 7½, P.M.

Dr. CHAPIN, of Winchester, introduced an account of a case, now under his treatment, of an intemperate man who had poisoned a small sore upon his wrist in skinning an ox. The animal had died from disease. In a few days after, the sore was of a peculiar slate color, serous and umbilicated, and looking very much like an irregular vaccine pustule. There was a good deal of burning heat, with deep and severe pain, besides a reddened line up the arm, and soreness in the axilla. No constitutional symptoms. Under the use of calomel and jalap purges, yeast poultices and tincture of iodine externally, the inflammation is extending, and an abscess is expected. From the time which had elapsed since the beginning of the complaint without its proving fatal, he thought it could not be considered malignant carbuncle.

Dr. B. CUTTER briefly related the details of four cases of malignant carbuncle which had occurred in his practice. They were characterized by great pain, swelling and sudden death. He also alluded to an interesting *post-mortem* examination of a case in which the diagnosis had been very obscure. The patient was a man, 32 years of age, who died after a sickness of more than six months, which was characterized by intense, almost continuous pain in various parts of the whole trunk, particularly in the region of the left kidney. There was softening and atrophy of the left testicle, and a small nodular tumor in the right testicle. After extreme emaciation, exhaustion and suffering, death ensued, despite the efforts of regular and irregular attendants, none of whom conjectured the true cause of the disease. Upon examination, there was found in the abdomen a tumor about eight inches square and from two to four inches in thick-

ness. It weighed 3¼ pounds, and saddled the lumbar vertebræ, to which it was firmly adherent. It displaced laterally both kidneys, which were atrophied. The tumor was of a reddish hue on the periphery, and internally reddish white. It was of a firm consistence. Masses of the same character, varying in size from the one above mentioned to a buck-shot, were found free, and engaged in and upon nearly every viscus of the trunk. Even the muscular and bony tissues were invaded. The diagnosis of carcinoma was sustained by the microscope.

The subject of discussion for the evening—*Kerosolene*—was then taken up.

Dr. S. A. Toothaker, of Wilmington, said that he had administered the article, which was distributed at the last meeting, once, with the most satisfactory results. It acted quickly: there was no suffocative difficulty, no nausea and no convulsions. The patient was a young man who had just recovered from tonsillitis, and the operation was for the extraction of a tooth. Upon inhalation, he began to laugh, and opened his mouth in such a manner as to afford an excellent opportunity to apply the forceps. The tooth came very hard. The man made some noise, and in a minute or two recovered his sensibilities. He knew nothing of the extraction, except by the blood in his mouth. He was very lively and "chipper," and expressed himself as having had a pleasant dream. Quantity administered, one and a half fluid ounces. Whole time occupied, five to six minutes.

Dr. H. P. Wakefield, of Reading, gave it twice to one patient with success. He was a shoemaker, who had hurt two of his fingers by working on "army shoes." At the seats of injury, there was pus. Keroselene was administered upon a cloth. He came under its influence very readily, and "lost himself." He was inclined to laugh, but he would not keep still, and as the Doctor had no assistant, the operation of opening the abscesses was deferred. He soon recovered, and was dismissed to return again with a friend. He did so, and the kerosolene was given as before. He readily came under it, but not to insensibility. The assistant held the wrist, and both fingers were opened to the bone. He seemed just to feel it. On coming to himself, he said he did not suffer anything. He passed from the influence of the kerosolene as readily as he came under it. Quantity employed in both trials, three fluid ounces. No nausea, no suffocative difficulty, nor unpleasant effect. Dr. Wakefield thinks the kerosolene more powerful than chloroform.

Dr. R. L. Hodgdon, of West Cambridge, employed the kerosolene received at the last meeting in a case of Barton's fracture of the radius. The patient went quickly off to sleep. There was no change in the pulse, and sensibility was recovered sooner than with ether, and the patient came under it more easily. Quantity administered, two fluid ounces. He also gave it to a woman for the extraction of four teeth, with success. In fact, the Doctor expressed the highest satisfaction with the results of his trials.

Dr. A. Chapin stated that he had taken the kerosolene himself, with the effect of sudden anæsthesia. He also remarked that he had given it to a lapdog. A sponge and the dog's head were placed in a coat-sleeve, and the kerosolene poured upon the sponge. The animal came under it kindly, easily and quickly. Compared with the action of ether and chloroform upon this class of animals, the Doctor stated that

kerosolene had, in this case, marked advantage, in the ease with which it was taken, and in the speediness of its action. There was no suffocation, no convulsions. The dog never "came to," as it was killed by a hatchet.

Dr. E. CUTTER stated that he had given kerosolene successfully to a frog, for microscopical purposes. It produced a stasis of the blood in the capillaries of the web of the foot; perhaps no more than has occurred with other anæsthetics.

Some discussion arose upon the proper pronunciation of the word, some calling it kè-ro-so-lene, and others ke-rós-o-lene. Upon motion, Dr. Chapin was appointed to settle the orthoepy of the word and to report at the next meeting of the Society, when kerosolene would again be the subject of report and discussion.

The supper provided by the host was most excellent, ample and substantial.

At 10.45, P.M., the Society adjourned.

N. B.—The Downer Kerosene Oil Co., No. 76 Water St., Boston, will furnish the kerosolene gratis to those physicians who apply for it in person or by letter.

EXTRACTS FROM THE RECORDS OF THE RHODE ISLAND MEDICAL SOCIETY.
BY D. HOMER BATCHELDER, M.D., SECRETARY PRO TEM.

THE first quarterly meeting was held at the "Franklin Society Rooms," Providence, on Wednesday, the 2d inst., at 10 o'clock, A. M. The Society was called to order as usual, by Dr. C. W. Parsons, the President; and in the absence of the Recording Secretary as surgeon in one of the R. I. regiments, D. Homer Batchelder, M.D., of Cranston, was elected Secretary *pro tem.*

The Society then listened, as the first business, to a report by Dr. Turner, of Newport (one of the Vice Presidents), of one or more cases of *mammillaris* glands in the region of the axilla, secreting milk at the time of confinement.

A very interesting case of rupture of the heart was next reported by Dr. Augustine A. Mann, of Valley Falls. This was an extremely interesting and rather unique case; as life was, subsequently to the rupture, prolonged a sufficient length of time for the wound to take on suppuration. Dr. Mann exhibited the organ.

Dr. Newell, of Providence, reported a case of rupture of the heart, with an exhibition of the organ also.

Following the above reports, a very interesting discussion took place upon the subject of "fatty degeneration" of the heart, on which, opinions were freely expressed.

A very able paper was next read on the subject of "Cholera Infantum," by Dr. Owen W. Brown, of Providence.

Several letters were read by the President from absent members, in relation to dysentery, as it has prevailed in certain localities the present year. A paper was also read by Dr. D. H. Batchelder on the same subject.

An encephaloid tumor was exhibited by Dr. King, of Newport. This tumor had been removed the day previous by Dr. K. from a lady 74 years of age. It weighed, after removal, eleven pounds, and contained a sac holding a quart or more of fluid, which escaped at the time of the removal. It was a fine specimen of encephaloid structure.

A resolution was offered, and referred to a select committee, for the future establishment of a Comparative and Pathological Museum.

The Society passed a resolution to appoint and send delegates to other State Medical Societies: and Dr. Edwin M. Snow was elected a delegate to attend the annual meeting of the Vermont Medical Society, to be holden on the 23d inst.

One other paper was read by Dr. Geo. S. Collins, of Providence—eliciting a good degree of interest—on diphtheria.

The meeting was interspersed with interesting and friendly discussions, and, on the whole, was not without profit to the members.

Cranston, R. I., Sept. 3d, 1861.

Army Medical Intelligence.

The following are extracts from letters received, during the last week, from surgeons now in the field:—

BALTIMORE, Sept. 28th, 1861.

To the Surgeon General.

SIR,—I have the satisfaction of informing you that the health of the troops of this regiment, and the sanitary condition of the camp, are as favorable as when I last wrote you: indeed, we are able to improve more or less daily in hygiene. The whole number of patients in hospital to-day is ten: of these, five are from the Battery (with typhoid fever): we have but *one* man seriously sick—Capt. Morrill—who has the same disease: but I have no doubt that he will recover.

Respectfully, ISAAC F. GALLOUPE, *Surg. 17th Mass. Vol.*

SPRINGFIELD, MASS., Oct. 5th, 1861.

To the Surgeon General.

SIR,—Camp Reed was established on Saturday, Sept. 21. The following night was cold and rainy: but on Monday, the 23d, the weather was again fair, and, except from a shower on the afternoon of the 26th ult., there has been no interruption of fine weather until to-day, when we are again annoyed by an easterly wind and occasional rain.

Lt. Col. Lyman has been in command, and has been constantly on the ground, sharing the rations and occupying similar quarters to those of the men. He has shown an intelligent interest in everything concerning the hygienic welfare of the regiment, and has lent a willing ear to all my suggestions on this point. I beg leave to call attention to a newspaper article which I transmit herewith, in which his merits in this respect are not over stated.

For the first week the force on the ground averaged about 300: for the last week, from 600 to 700. Last night I understood there were 752 rank and file in camp.

For the first few days after their arrival, the men were very subject to slight diarrhœa, and there were some cases aggravated by neglect, but still very amenable to treatment. The men unprovided with flannel were most liable to diarrhœa. In Co. F (Westfield), 100 strong, scarcely a man escaped. I attributed this to the delay in mustering in this company, and procuring suitable under-garments from the quarter-master.

On the first day I pitched three small tents and provided each of them with two bunks, rudely made by the carpenters at work on the ground. Each consisted of two lateral planks six and a half feet long, six inches wide, connected by slats two feet in length. These, covered with straw and two blankets, made quite comfortable berths. At the beginning of the second week I was able to exchange the small ill-ventilated tents for large ones. The number of bunks has been adequate up to the present time. Opposite the intervals of the three hospital tents, I located two tents—one for the steward, Mr. Fuller, and one for a dispensary and office. The intervening space was spaded up, rolled hard, swept daily, and patrolled by a regular sentinel, to guard the sick from disturbance. The hospital camp was designated by a red flag during the day, and a red lantern at night.

The sick list has averaged daily five in hospital—thirty at quarters. The surgeon's call has been at 9, A. M., daily, at which time the first sergeants of companies have reported at the dispensary, accompanied by their sick. At 10, daily, I have reported to the commander, according to the form in the army regulations. I have also kept a case-book in due form, and notified, on the first day, the quarter-master that I should expect the rations of all hospital patients to be credited to the hospital fund, an arrangement in which he cordially acquiesced.

I have had daily a large tray of rice served at the hospital, with abundance of flax-seed tea; and it has been sufficient, in a majority of the cases of diarrhœa, to enforce abstinence, rest, and the wearing of flannel, with a single dose of paregoric, mist. cretæ, mist. sodæ, rhubarb or castor oil with laudanum. We have rarely had the diarrhœa patients on our hands more than twenty-four hours. We have commonly had about twenty men daily at our rice dinners. The hospital cook musters at surgeon's call to get a memorandum of the number he is to serve. I will not enlarge upon the other forms of slight sickness we have had, as they will appear in my formal report.

Pie and candy venders have been excluded from the camp, in obedience to my representations to Col. Lyman.

On the right of the camp was a stagnant pool, two rods wide. I suggested that it should be drained, and the Lt. Colonel detached 100 men, who, working in three reliefs, dug a ditch one hundred feet long and six feet deep, emptying the earth from the trench in the upper end of the pool—finally covering over the space occupied by the pool so that it was a firm marching ground. The ditch was then filled up. The whole operation lasted but two hours.

A bathing tent was established on the hill-side, and the men have orders to bathe twice a week. The officers have made arrangements to provide all the men with towels and combs. I believe that the men are generally attentive to personal cleanliness. Only five have been detected with vermin. They were sequestered in a "lazaretto-tent" outside the camp; treated with inunctions and sublimate lotions and soap-suds twice daily till they were thoroughly cleansed. One escaped into camp, and was taken back by an armed guard and treated to aloes and jalap in powder.

The police of the camp has been good. The sinks have been daily covered in with earth; the straw and blankets aired; the tents repitched once each week. The kitchens are supplied with drains, and refuse matters left about here or at the tents have elicited a speedy rebuke from the police guard.

On the whole, the camp has been healthy and orderly.

During the fortnight we have been in camp, I have spent the night at my house, half a mile distant. I have reported at from 7 to 8½, A.M., and remained from 7 till 10, P.M. I have examined over seven hundred recruits. As the Colonel, Major, Adjutant, and Quartermaster-sergeant have been absent, much extra duty has devolved on the Lt. Colonel, and I have endeavored to assist him.

With much respect, sincerely yours,

GEORGE A. OTIS, Jr., *Surg. 27th Regt.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, OCTOBER 10, 1861.

THE papers of the Sanitary Commission recently appointed by the United States government, a collection of which has been made and printed, attest the well-directed and thus far successful efforts of this body. The increased attention which has of late been given to hygiene, and the peculiar and unprecedented circumstances attending the present civil conflict, by which large masses of undisciplined men have been suddenly brought together, for the most part totally ignorant of the sanitary principles and laws so necessary to their physical and moral health, suggested an organization from which much positive good may be reasonably anticipated. Similar organizations, it is true, have existed before, both in the Crimean and Indian campaigns, and had proved to the world the importance of sanitary measures in preventing and checking the ravages of disease, and in promoting generally the well being of those exposed, perhaps for the first time, to the discomforts and morbific influences of camp life. We cannot, however, but regard the prompt and efficient efforts which have been taken in this direction thus early in the present war, as one of the most remarkable features of the crisis.

On the 18th of May last, a petition was presented to the Secretary of War, signed by a committee of gentlemen, representing three humane associations in the city of New York—the Woman's Central Association of Relief for the Sick and Wounded of the Army, the Advisory Committee of the Board of Physicians and Surgeons of the Hospitals of New York, and the New York Medical Association for furnishing Hospital Supplies in aid of the Army, asking for the appointment of a mixed commission of civilians acquainted with sanitary matters, medical men and military officers, whose duty it should be to ascertain the best means of methodizing, and to reduce to practical service, the now undirected benevolence of the people towards the army, so as to bring to bear upon the health, comfort and *morale* of the troops "the fullest and ripest teachings of sanitary science in its application to military life." It was expressly stated that no pecuniary remuneration from the government should be asked, and that the Committee only sought the official recognition and moral countenance of the government in the performance of its various duties, together with such aid as the Medical Bureau and War Department might from time to time have opportunity to furnish.

The petition having received the sanction and support of the Medical Bureau by an official communication to the War Department from

the Surgeon General, a reply was received from the Secretary of War, on the 9th of June, approving the plan proposed, and giving the Commission an official existence. A plan of organization was matured, and also approved, and the active duties of the Commission were at once entered upon.

The specific objects proposed by the Commission refer, 1st, To the more rigorous application of just rules and principles to recruiting and inspection laws, by which the *material*, both of officers and men, may be raised, as nearly as possible, to the army standard; 2d, To the subject of outfit, cleanliness, precautions against damp, cold, heat, malaria, inspection, and generally to the comfort and health of the volunteers; 3d, To the care of the sick; this, of course, including the whole subject of hospital organization, and everything appertaining thereto.

In order to carry out these objects, the Commission divided itself into two branches, one of *Inquiry*, and the other of *Advice*; the labor of each of which devolved upon three sub-committees. We have not the space here to enlarge upon the details of the plans and organization of this Board. It is sufficient to say that the most important, as well as probably the most laborious duty must necessarily fall upon those appointed to visit the various camps. These travelling inspectors, several of whom have already been appointed, act under detailed instructions, and are required to report weekly to the Secretary of the Commission, resident at Washington. Their duties are generally to visit the "camps, barracks, quarters, and regimental hospitals, systematically and regularly, with a view to discover and remedy defects in their drainage, ventilation, &c., in the quality of food and water supplied the men, in the system (if any) of camp cooking, in clothing, camp police, medicines, bedding, and hospital stores, in the supply of disinfectants, and in every other particular by which the health of the troops can be affected." It is calculated that with an army of 300,000 men in the field, no less than twenty men specially qualified would be needed, and that a sum of sixty thousand dollars would be necessary to defray the expenses of such service. To meet this demand, appeals have been made by the Commission by addressing the officers of life insurance companies, and the public through other channels, and when the direct bearing of the sanitary measures proposed upon the success of the campaign is considered, little doubt can remain of the economy of the outlay.

From the reports of the Inspectors, three or four of which appear in the transactions of the Commission, it is evident that much is to be accomplished, although we find, on the whole, a more favorable condition than we had expected. There would seem to have been, in one instance at least, the grossest negligence in the selection of the medical officers of a regiment. We quote the following from the report:—

"There is one surgeon and one assistant, father and son, who were appointed by the colonel, and have not been examined by any medical board. The * * * informed me that the former had been a barber in * * *, and an occasional cupper and leecher, and had no medical degree. The son's medical education was also doubted. Both had evidently failed to obtain the full confidence of the regiment. On examining the file of prescriptions at the hospital, I discovered that they were rudely written, and indicated a treatment, as they consisted chiefly of tartar emetic, ipecacuanha, and epsom salts, hardly favorable to the cure of the prevailing diarrhœa and dysenteries.

"While remaining to dine in camp, the regiment returned from the city, whither they had been marched to receive at the arsenal a supply of new muskets. Some time after, a messenger came in declaring that many of the men had been left on the roadside, where they had fallen exhausted with the heat and fatigue. Great excitement ensued in camp, and complaints were uttered against the colonel for having marched his men during the heat of the day, when the march might have been postponed, as its motive was not pressing, until evening. The chief surgeon, who had re-

mained in camp, started out to find the men who had been left behind. I followed soon after, and had not proceeded very far on the road when I met him returning to camp with his son, who had accompanied the regiment on its march. The latter, on being introduced to me by his father, said that there was nothing the matter with the men he had left behind on the roadside, but a little fatigue. I expostulated with him upon abandoning his men, and urged him, for his own sake, to return. He followed my advice, and on reaching the ground we found some forty men lying near the road. All were evidently greatly fatigued, and some half dozen were suffering from sunstroke. With some whiskey and iced water, with which we had provided ourselves, we soon succeeded in re-animating the sick, and refreshing the rest. The chief surgeon, in the meantime, came back with a homœopathic medicine box, and began administering homœopathic doses promiscuously to the sick and well."

We regret to be obliged to add that this is by no means a solitary instance of the utter incapacity of the surgeons appointed. Within a short time, the responsible post of Brigade Surgeon has been conferred upon a man who had, until within a few months, kept a drinking saloon, who had studied medicine but a short time, and had never attended a course of medical lectures. For such negligence there is no excuse, and the protest of the profession in New Jersey, from whence this distinguished officer comes, is an evidence of the indignity felt by its members on account of such an appointment.

That much good may be accomplished by this Commission we have no doubt, but much will depend upon perfect harmony of action between it and the Medical Department of the government, as well as upon the competency of its members, who should be appointed with sole reference to their fitness for the place, and not, as has been too often the case in other instances, upon the ground of political bias. Honest, disinterested effort cannot fail to be of lasting service to the country, and we trust, at least in the present struggle, that selfish motives, which are so apt to be taken for true patriotism, will not be allowed to interfere with the action of the government, which, to be successful, demands the utmost promptness, decision and vigor.

In designating the position of Brigade Surgeons, in the Journal of the 12th ult., that of Dr. Geo. H. Lyman, of this city, was inadvertently omitted. He has been appointed Brigade Surgeon and Medical Director of Porter's Division of the Army of the Potomac, in Gen. Martindale's Brigade, and is stationed at Fort Corcoran.

VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, October 5th, 1861.

DEATHS.

	Males.	*Females*	*Total.*
Deaths during the week,	48	39	87
Average Mortality of the corresponding weeks of the ten years, 1851–1861,	43.0	41.0	84.0
Average corrected to increased population,	..	..	93.2
Deaths of persons above 90,	..	..	..

Mortality from Prevailing Diseases.

Phthisis.	Chol. Inf.	Croup.	Scar. Fev.	Pneumonia.	Variola.	Dysentery.	Typ. Fev.	Diphtheria.
10	8	0	2	6	0	5	3	0

Communications Received.—Dr. Willson's communication will appear next week.

Books Received.—Medical Jurisprudence by Alfred Swaine Taylor, M.D., F.R.S., F.R.C.P., &c., Professor of Medical Jurisprudence and Chemistry in Guy's Hospital. Fifth American from Seventh London Edition. Blanchard & Lea, Philadelphia. (From the Publishers.)

Married,—At Walpole, 6th inst., S. E. Stone, M.D., Assistant Surgeon of the 23d Mass. Regiment, to Miss Sarah E. Hawes.

Deaths in Boston for the week ending Saturday noon, October 5th, 87. Males, 48—Females, 39.—Accidents, 4—apoplexy, 2—inflammation of the bowels, 1—disease of the brain, 2—inflammation of the brain, 1—bronchitis, 2—cholera infantum, 8—cholera morbus, 1—consumption, 10—convulsions, 2—diarrhœa, 1—dropsy, 2—tropsy of the brain, 7—dysentery, 5—eczema, 1—scarlet fever, 2—typhoid fever, 3—infantile disease, 3—inflammation of the lungs, 6—marasmus, 5—old age, 2—paralysis, 1—premature birth, 4—puerperal disease, 2—unknown, 4—whooping cough, 3.

Under 5 years of age, 50—between 5 and 20 years, 3—between 20 and 40 years, 18—between 40 and 60 years, 9—above 60 years, 7. Born in the United States, 66—Ireland, 17—other places, 4.